

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 951

County *Pima*State *Arizona*

Township

or Village

City *Hayden*

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. Full name of child

Mary Kay Jennings

If child is not yet named, make supplemental report, as directed

3. Sex <i>F</i>	4. Twin, triplet, or other <i>No</i>	5. Premature <i>No</i>	6. Legitimate? <i>Yes</i>	7. Date of birth <i>Nov 9 1924</i> (Month, day, year)
8. If plural births	9. Number, in order of birth	10. Full term		
11. FATHER Full name <i>William Jennings</i> Residence (usual place of abode) <i>Prescott</i> (If non-resident, give place and State) Color of face <i>White</i> Age at last birthday <i>31</i> (Years)			12. MOTHER Full maiden name <i>Mary Corona</i> Residence (usual place of abode) <i>Prescott</i> (If non-resident, give place and State) Color of face <i>Very</i> Age at last birthday <i>31</i> (Years)	
13. Birthplace (city or place) <i>Guamodillo</i> (State or country) <i>Sonora</i>			14. Birthplace (city or place) <i>Guamodillo</i> (State or country) <i>Sonora</i>	
15. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Crook</i>			16. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <i>House</i>	
17. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <i>Mechanic</i>			18. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <i>Wife</i>	
19. Date (month and year) last engaged in this work			20. Date (month and year) last engaged in this work	
21. Total time (years) spent in this work			22. Total time (years) spent in this work	

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living *2* (b) Born alive but now dead *1* (c) Stillborn24. If stillborn, period of gestation *months* 25. Cause of stillbirth *Before labor* *During labor*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *11* m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) *Charles B. Hurd* M.D.or *Midwife*Address *Hayden, Arizona*Filed *Nov 12 1924* Registrar.Given named added from supplemental report *412-1109-131* (Date of)

Registrar.

Registrar.